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## \*BIBDATASHEET\*

Bib Data Sheet

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SERIAL NUMBER 09/660,466	FILING OR 371(c) DATE 09/12/2000 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. FMT1P029
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/305,143 05/04/1999 PAT 6,325,796

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 11/13/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 24	TOTAL CLAIMS 99	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**  
 36154

**TITLE**  
 SURGICAL MICROWAVE ABLATION ASSEMBLY

FILING FEE RECEIVED 1251	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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